

**EMS VARIANCE APPLICATION**  
**VIRGINIA DEPARTMENT OF HEALTH**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
*(Please print or type all information.)*

**Check one:**

**VARIANCE**

- ☐ Individual  
☐ Agency  
☐ Vehicle

Date: \_\_\_\_\_

Name of Applicant, Agency or Certificate holder: \_\_\_\_\_

SSN: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Pager #: \_\_\_\_\_

EMS Agency Affiliation (if applicable): \_\_\_\_\_

Section(s) of the Rules & Regulations OR Certification Level: \_\_\_\_\_

Reason for the Request, including any extenuating circumstances **(be specific)**: \_\_\_\_\_

\_\_\_\_\_

(Use additional sheets if necessary)

**Submit written documentation for any matters related to medical situations (include proof of medical treatment from a physician) or military mobilizations.**

Date Individual, Agency or Certificate holder shall be in compliance, or period of time needed to complete requirements: \_\_\_\_\_

**Name of Individual Completing form:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**OMD Approval required:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Health Department Use Only:			Public Notice	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Public Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Waived
Date:			Notice Sent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Waived
Approver:			Local Gov't Approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Waived

**12 VAC 5-31-50. Variances.**

A. The Office of EMS is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency or wheelchair interfacility transport service, the following additional requirements apply:

EMS TR-40 (Revised 10-03-05)

1. The written variance request must be submitted for review and recommendations to the governing body of the locality in which the principal office of the EMS agency, early defibrillation service or wheelchair interfacility transport service is located prior to submission to the Office of EMS.
2. An EMS agency operating in multiple localities will be required to notify all other localities in writing of conditions of approved variance requests.
3. Issuance of a variance does not obligate other localities to allow the conditions of such variance if they conflict with local ordinances or regulations.

B. Both the written request and the recommendation of the governing body must be submitted together to the Office of EMS.

#### **12 VAC 5-31-60. Issuance of a variance.**

A request for a variance may be approved and issued by the Office of EMS provided all of the following conditions are met:

1. The information contained in the request is complete and correct;
2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS;
3. The Office of EMS determines the need for such a variance is genuine, and extenuating circumstances exist;
4. The Office of EMS determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare;
5. If the request is made by an EMS agency, early defibrillation service or wheelchair interfacility transport service, the Office of EMS will consider the recommendation of the governing body provided all of the above conditions are met; and
6. The person making the request will be notified in writing of the approval and issuance within 30 days of receipt of the request unless the request is awaiting approval or disapproval of a license or certificate. In such case, notice will be given within 30 days of the issuance of the license or certificate.

#### **12 VAC 5-31-70. Content of variance.**

A variance shall include but not be limited to the following information:

1. The name of the agency, service or vehicle to which, or the person to whom, the variance applies;
2. The expiration date of the variance;
3. The provision of the regulations that is to be varied and the type of variations authorized; and
4. Any special conditions that may apply.

#### **12 VAC 5-31-80. Conditions of variance.**

A variance shall be issued and remain valid with the following conditions:

1. A variance will be valid for a period not to exceed one year unless and until terminated by the Office of EMS; and
2. A variance is neither transferable nor renewable under any circumstances.

#### **12 VAC 5-31-90 Termination of variance.**

A. The Office of EMS may terminate a variance at any time based upon any of the following:

1. Violations of any of the conditions of the variance;
2. Falsification of any information;
3. Suspension or revocation of the license, permit or certificate affected; or
4. A determination by the Office of EMS that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare.

B. The Office of EMS will notify the license, permit or certificate holder of the termination by certified mail to his last known address.

C. Termination of a variance will take effect immediately upon receipt of notification unless otherwise specified.

#### **12 VAC 5-31-100. Denial of a variance.**

A request for a variance will be denied by the Office of EMS if any of the conditions of 12 VAC 5-31-60 fail to be met.